PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

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CLAIMS AS	(Column 1)	(Column 2)
TOTAL CLAIMS	32	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	32 minus 20=	* 12
INDEPENDENT CLAIMS	minus 3 =	* 2.
MULTIPLE DEPENDENT CLAIM P	RESENT	

^{*} If the difference in column 1 is less than zero, enter "0" in column 2

OTHER THAN SMALL ENTITY OR SMALL ENTITY TYPE -

IYPE L		On		
RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X\$ 9=	108	OR	X\$18=	
X42=	84	OR	X84=	
+140=		OR	+280=	
TOTAL	562	OR	TOTAL	

CLAIMS AS AMENDED - PART II

(Column 1) CLAIMS CLAIMS NUMBER PRESENT		- C						
CLAIMS REMAINING AFTER AMENDMENT CLAIMS RIGHEST NUMBER PREVIOUSLY EXTRA PAID FOR			(C	olumn 1)				(Column 3)
W ANVIENDING!	A TA		R	CLAIMS EMAINING AFTER		NI PRE	JMBER VIOUSLY	
Ninus * 22 = /	ME	Total)	Minus	**	22	=
Independent * / Minus *** 5 =/			1.	'	Minus	***	5	=/
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	ĮŞ	muependen		TION OF M	LILTIPLE DE	PEND	ENT CLAIN	1/ 🗆
FIRST PRESENTATION OF MIDERIT ED DE		FIRST PRESI	=N 17	ALION OF W	02111 22 34			/

OTHER THAN SMALL ENTITY OR SMALL ENTITY

RATE		ADDI- TIONAL FEE:		RATE	ADDI- TIONAL FEE
X\$ 9	=]		OR	X \$18=	
X42	/		or	X84=	
+140)=		OR	+280=	
TC ADDIT.	TAL FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)		1001011111	(Column 3)
	CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
		Minus	***	=
Independent	1 "	II TIPI F DEI	PENDENT CLAIM	
FIRST PRESE	NIATION OF WI	JETH ZZ DZ		
	Total Independent FIRST PRESE	REMAINING AFTER AMENDMENT Total * Independent *	CLAIMS REMAINING AFTER AMENDMENT Total * Minus Independent * Minus	CLAIMS REMAINING AFTER AMENDMENT Total * Minus ** CLAIMS PREVIOUSLY PAID FOR **

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
X\$ 9=		OR	X\$18=	·				
X42=		OR	X84=					
+140=		OR	+280=					
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE					

		(Column 1)		100101111	(Column 3)
AMENDMENT C	A STATE OF THE STA	CLAIMS REMAINING AFTER AMENDMENT	**************************************	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
E E		AMENDIALITY	Minus	**	=
<u> </u>	Total	<u> </u>			\
	Independent	*	Minus	***	
II≶	masp strate	TATION OF M	UTIPLE DE	PENDENT CLAIM	
~	FIRST PRESE	NIATION OF W	OLITI LE BE		
1-					

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTA ADDIT. FE	L.	OR	TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
X\$ 9=		OR	X\$18=					
X42=		OR	X84=					
+140=		OR	+280=					
TOTAL ADDIT. FEE	1	OR	TOTAL ADDIT. FEE					